

Anthony Raymond Irigoyen #150038

Name and Prisoner/Booking Number

John LaTorraca Correctional Center

Place of Confinement

2584 W. Sandy Mush rd.

Mailing Address

Merced, Ca 95341

City, State, Zip Code

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

BY

DEPUTY CLERK

BY

CLERK U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

DEPUTY CLERK

APR 25 2022

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(Failure to notify the Court of your change of address may result in dismissal of this action.)

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF CALIFORNIA**

ANTHONY RAYMOND TRIGYEN

(Full Name of Plaintiff)

Plaintiff,

V.

(1) VERNON H. WARNEKE

(Full Name of Defendant)

(2) UNDERSHERIFF - GIBSON

(3) FRANK SWIGGART

(4) LT SALACUP

Defendant(s).

☐ Check if there are additional Defendants and attach page 1-A listing them.

CASE NO.

1: JFCV00483 SAB(PC)

(To be supplied by the Clerk)

CIVIL RIGHTS COMPLAINT BY A PRISONER

☒ Original Complaint☐ First Amended Complaint☐ Second Amended Complaint

A. JURISDICTION

1. This Court has jurisdiction over this action pursuant to:

☒ 28 U.S.C. § 1343(a); 42 U.S.C. § 1983

☐ 28 U.S.C. § 1331; Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971).

☐ Other: _____

2. Institution/city where violation occurred: MERCED/JOHN LATORRACA CORRECTIONAL CENTER

B. DEFENDANTS

1. Name of first Defendant: VERNON H. WARNKE. The first Defendant is employed as:
SHERIFF at JOHN LATORRACA CORRECTIONAL CENTER
(Position and Title) (Institution)
2. Name of second Defendant: GIBSON. The second Defendant is employed as:
UNDER SHERIFF at JOHN LATORRACA CORRECTIONAL CENTER
(Position and Title) (Institution)
3. Name of third Defendant: FRANK SWIGGART. The third Defendant is employed as:
LIEUTENANT at MERCED COUNTY MAIN JAIL
(Position and Title) (Institution)
4. Name of fourth Defendant: SALACUP. The fourth Defendant is employed as:
LIEUTENANT at JOHN LATORRACA CORRECTIONAL CENTER
(Position and Title) (Institution)

If you name more than four Defendants, answer the questions listed above for each additional Defendant on a separate page.

C. PREVIOUS LAWSUITS

1. Have you filed any other lawsuits while you were a prisoner? ☐ Yes ☒ No
2. If yes, how many lawsuits have you filed? _____. Describe the previous lawsuits:
 - a. First prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - b. Second prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____
 - c. Third prior lawsuit:
 1. Parties: _____ v. _____
 2. Court and case number: _____
 3. Result: (Was the case dismissed? Was it appealed? Is it still pending?) _____

If you filed more than three lawsuits, answer the questions listed above for each additional lawsuit on a separate page.

D. CAUSE OF ACTION**CLAIM I**

1. State the constitutional or other federal civil right that was violated: DENIAL OF JOBS AND/OR PROGRAMS DUE TO ETHNICITY/RACE (NORTHERN HISPANIC).
2. **Claim I.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

| | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>PREJUDICE/DISCRIMINATION</u> . | |
3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim I. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

SINCE DEC. OF 2018 I'VE BEEN INCARCERATED IN MERCED COUNTY. NEARLY (3 1/2) YEARS AND IN THIS TIME FRAME SEVERAL TIMES I'VE REQUESTED TO WORK AND/OR BE ENROLLED IN BEHAVIORAL PROGRAMS. BEING ALLOWED TO DO THESE THINGS IS NOT ONLY REHABILITATIVE, BUT GIVES INMATES INCENTIVES SUCH AS EXTRA CREDIT DURING SENTENCING AND SO ON. BEING DENIED THESE FOR NO REASON OTHER THAN BEING LABELED A "NORTENO" IS DISCRIMINATORY. ALL (4) DEFENDANTS HAVE CONTINUED TO DENY ME ENTRY INTO GEN. POP. AND OUT OF SEGREGATION WITHOUT JUSTIFICATIONS. ALL (4) DEFENDANTS PLAY A ROLE IN THESE DECISIONS, THEY'VE STATED IT'S A SECURITY RISK YET AT THIS VERY MOMENT THERE ARE OTHER "NORTENOS" HOUSED IN THESE AREAS WHICH WAS DONE AT THEIR DIRECTION. FOR (3 1/2) YEARS I'VE BEEN IN ADMINISTRATIVE SEGREGATION FOR SIMPLY IDENTIFYING AS A NORTHERN HISPANIC DURING MY INCARCERATION AND DEPRIVED OF WHAT OTHER GEN. POP. INMATES ARE ENTITLED TO, I HAVE HAD NO ISSUES WITH OTHER INMATES IN (3 1/2) YEARS YET I'M BEING PUNISHED BASED SOLELY ON MY IDENTITY NOT ONLY MYSELF BUT ALMOST (50) OTHERS JUST LIKE ME. ALL (4) DEFENDANTS HAVE STATED CHANGE WILL COME YET IT'S BEEN (15) YEARS SINCE THE INITIAL SEGREGATION CAME ABOUT AND IT SEEMS THERE'S NO END IN SIGHT.
4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

IT'S DENIED ME THE OPPORTUNITY TO RECIEVE GOOD TIME WORK CREDIT, PICK UP A WORK SKILL, AND BE ELIGIBLE FOR EDUCATIONAL + BEHAVIORAL PROGRAMS THAT WORK TOWARDS REHABILITATION.
5. **Administrative Remedies:**
 - a. Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
 - b. Did you submit a request for administrative relief on Claim I? ☒ Yes ☐ No
 - c. Did you appeal your request for relief on Claim I to the highest level? ☒ Yes ☐ No
 - d. If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

CLAIM II

1. State the constitutional or other federal civil right that was violated: DENIAL OF PROPER AND NECESSARY MEDICAL CARE

2. **Claim II.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input checked="" type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input type="checkbox"/> Other: _____ | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim II. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

CURRENTLY IN BOTH CORR. FACILITIES THE ADMIN. DENIES NEEDED MEDICAL TREATMENT (ALL DEFENDANTS) FOR EXAMPLE RATHER THAN ALLOWING ME TO GET MY HAND BRACE INTACT THEY TOOK OUT THE MOST NECESSARY PIECE THE (SPLINT). I UNDERSTAND THEIR CONCERNS OF SAFETY ISSUES HOWEVER IT IS DUE TO THIS THAT MY HAND DID NOT HEAL PROPERLY AND NOW I WILL NEED SURGERY IN THE FUTURE TO FIX IT. I ADDRESSED THIS SEVERAL TIMES AND ALL I RECEIVED IN RESPONSE WAS "IT'S NOT GOING TO HAPPEN" I'M JUST GOING TO HAVE TO DEAL WITH IT. THIS IS CRUEL AND UNUSUAL TREATMENT OF AN INMATE. DUE TO THEM DENYING ME MY THUMB SPIKE TO ALIGN MY THUMB PROPERLY IT WAS UNABLE TO HEAL RIGHT.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

MY THUMB DID NOT SET RIGHT NOW IT IS DIFFICULT FOR ME TO USE MY RIGHT HAND, CAUSES ME SEVERE PAIN THROUGHOUT THE DAY... AND HAS BEEN SINCE MY INITIAL ISSUE WAS ADDRESSED - STILL ON-GOING.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim II? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim II to the highest level? ☐ Yes ☒ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. I FAILED TO DO SO BECAUSE MY GRIEVANCE WAS DENIED CITING A "SAFETY AND SECURITY" ISSUE - NON-GRIEVABLE - - -

CLAIM III

1. State the constitutional or other federal civil right that was violated: INDETERMINATE SEGREGATION AND (24) HOUR LOCKDOWN.

2. **Claim III.** Identify the issue involved. Check **only one**. State additional issues in separate claims.

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Basic necessities | <input type="checkbox"/> Mail | <input type="checkbox"/> Access to the court | <input type="checkbox"/> Medical care |
| <input type="checkbox"/> Disciplinary proceedings | <input type="checkbox"/> Property | <input type="checkbox"/> Exercise of religion | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Excessive force by an officer | <input type="checkbox"/> Threat to safety | <input checked="" type="checkbox"/> Other: <u>SEGREGATION (INDETERMINATE)</u> | |

3. **Supporting Facts.** State as briefly as possible the FACTS supporting Claim III. Describe exactly what **each Defendant** did or did not do that violated your rights. State the facts clearly in your own words without citing legal authority or arguments.

THE NORTHERN/SOUTHERN HISPANICS HAVE BEEN SEGREGATED FROM THE GEN. POPULATION FOR OVER A DECADE. I'VE ADDRESSED THIS ISSUE VERBALLY AND FORMALLY TO NO AVAIL, SUGGESTIONS ON HOW TO INTEGRATE INMATES HAVE BEEN PROVIDED TO AVOID CLASHES BETWEEN PERCEIVED RIVAL FACTIONS, AS WELL AS UTILIZING THE WAY THEY RUN QUARANTINE PROCESSING AS A WAY TO HOUSE US. RATHER THAN ADHERING TO SUCH THEY DECIDE TO HOUSE RIVAL FACTIONS TOGETHER TO INCITE VIOLENCE, THAN USE IT AGAINST US TO CIRCUMVENT OUR EFFORTS. ON TOP OF THAT INMATES IN MERCED COUNTY MAIN JAIL / J-L-C-C ARE LOCKED DOWN (24) HOURS A DAY WITH NO OUT OF CELL TIME. EXCEPT FOR (3) HOURS A WEEK FOR YARD, WE'VE REQUESTED MORE YARD TIME + TO BE INTEGRATED AND EVEN PROVIDED METHODS FOR IT TO WORK. IT IS DENIED EVERY TIME BY DEFENDANTS THEY CITE SAFETY ISSUES (INTEGRATION) YET HOUSE NORTHERNERS-WHITES-OTHERS-PAISAS-NON-AFFILIATED BLACKS TOGETHER IN QUARANTINE WITH NO ISSUES. THEN HOUSE SOUTHERNERS THE SAME MINUS NORTHERNERS. BUT TELL US THEY CAN'T DO IT. OUT OF CELL TIME ALSO REQUESTED YET DENIED SIMPLY DUE TO BE ALLOWED YARD.

4. **Injury.** State how you were injured by the actions or inactions of the Defendant(s).

24 HOUR LOCK DOWN TAKES A TOLL ON THE HUMAN MIND AND INDETERMINATE SEGREGATION CREATES ANTI-SOCIAL DISORDERS IN INMATES, WHICH IS WHAT IS TAKING PLACE IN MERCED COUNTY CORRECTIONAL FACILITIES.

5. **Administrative Remedies.**

- Are there any administrative remedies (grievance procedures or administrative appeals) available at your institution? ☒ Yes ☐ No
- Did you submit a request for administrative relief on Claim III? ☒ Yes ☐ No
- Did you appeal your request for relief on Claim III to the highest level? ☒ Yes ☐ No
- If you did not submit or appeal a request for administrative relief at any level, briefly explain why you did not. _____

If you assert more than three Claims, answer the questions listed above for each additional Claim on a separate page.

E. REQUEST FOR RELIEF

State the relief you are seeking:

I AM SEEKING FIRST TO BE ALLOWED THE SAME OPPORTUNITIES AS ALL
OTHER GEN. POP. INMATES. SECONDLY BE PERMITTED THE NECESSARY MEDICAL
TREATMENT AND DEVICES FOR MY INJURIES. AND LASTLY I AM SEEKING TO
BE RELEASED FROM AD-SEG. AS IT HAS BEEN NEARLY (3 1/2) YEARS SINCE
I'VE HAD ANY INTERACTION WITH ANYONE OUTSIDE OF MY DESIGNATED
HOUSING..

I declare under penalty of perjury that the foregoing is true and correct.

Executed on APRIL 5, 2022
DATE

ANTHONY R. IRIGUYEN
SIGNATURE OF PLAINTIFF

(Name and title of paralegal, legal assistant, or
other person who helped prepare this complaint)

(Signature of attorney, if any)

(Attorney's address & telephone number)

ADDITIONAL PAGES

All questions must be answered concisely in the proper space on the form. If you need more space you may attach more pages, but you are strongly encouraged to limit your complaint to twenty-five pages. If you attach additional pages, be sure to identify which section of the complaint is being continued and number all pages. Remember, there is no need to attach exhibits to your complaint.